

# Application for Reactivation of an Iowa Funeral/Cremation Establishment

**YOU MAY NOT PROVIDE ANY ASPECT OF MORTUARY SCIENCE AT THIS ESTABLISHMENT UNTIL THIS LICENSE IS REACTIVATED**

<p align="center"><b>A \$150</b> reactivation fee must accompany this application Check one box only. A separate reactivation is required for each establishment or crematory.</p>			
1.		<input type="checkbox"/> Funeral Establishment License	Establishment License Number _____
		<input type="checkbox"/> Cremation Establishment License	Establishment License Number _____
2. Preparation Room On-Site		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3: Establishment		4: Responsible Authority of Establishment (RA)	
_____		_____	
<i>Name of Funeral Establishment or Cremation Establishment</i>		<i>Name of RA</i>	
_____		_____	
<i>Owners Name</i>		<i>RA Telephone Number</i>	
_____		_____	
<i>Corporation Name and Tax Payer ID #</i>		<i>RA E-mail Address (required))</i>	
_____		_____	
<i>Physical Address of Funeral Home or Cremation Establishment</i>		<i>Establishment Business Mailing Address (if different from the physical address)</i>	
_____		_____	
<i>City</i>	<i>State</i>	<i>City</i>	<i>State</i>
<i>Zip</i>		<i>Zip</i>	

5. Check one of the following:

- ☐ Sole Proprietorship      ☐ Corporation      ☐ Professional Corporation  
☐ Partnership      ☐ Limited Liability Company

6. Name and Address of every owner, partner, director, managing officer or shareholder *(If necessary attach additional sheet)*

[illegible]

7. The following five questions must be answered. If you answer "Yes" to any question below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

Yes	No	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$500)? If you have already reported this incident to the licensing board you do not need to report it again.
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you? If you have already reported this incident to the licensing board you do not need to report it again.
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer "NO" to this question.
Yes	No	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer "NO" to this question.
Yes	No	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Program, you may answer "NO" to this question.)

*Signature of responsible authority of establishment is required on page two*

8. Name and license number of all funeral directors employed by the establishment. *(If necessary attach additional sheet)*

Name	License #	Name	License #

If funeral directors are not employed by the establishment, provide a written explanation on a separate of paper describing the type of arrangement the establishment has with a funeral director and provide the name and license number of the funeral director.

9. Certification/Attestation Statement

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my license may be subject to disciplinary action and criminal prosecution.

I also understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. In submitting this application, I consent to any reasonable inquiry, that may be necessary to verify the information I have provided on, or in conjunction with, this application.

10. \_\_\_\_\_  
**Signature of Responsible Authority of Establishment**

\_\_\_\_\_  
**Date**

**Checklist for reactivation**

- ☐ The non-refundable reactivation fee is \$150.00. Make check or money order payable to the Board of Mortuary Science.
- ☐ It is very important to provide contact information in #4 on page one. The responsible authority will receive renewal reminder email notifications and licensure documents from the Board office.
- ☐ If you answer "yes" to any question in #7:
  1. Attach a signed letter of explanation and provide the details of the incident.
  2. Include the court or legal documents related to each incident even when a conviction or judgment has been deferred or expunged from your record. If the court ordered a substance abuse evaluation submit a copy of the results.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

**Mail the completed application to:**

Board of Mortuary Science  
IDPH/Bureau of Professional Licensure  
5th Floor, Lucas State Office Building  
321 E. 12th St.  
Des Moines, IA 50319

Email: [PLPublic@idph.iowa.gov](mailto:PLPublic@idph.iowa.gov)  
Phone: (515) 281-0254  
Fax: (515) 281-3121  
Bureau Website: [www.idph.iowa.gov/licensure](http://www.idph.iowa.gov/licensure)  
Online Licensure Services: <https://ibplicense.iowa.gov>